



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CA 90012



MARK J. SALADINO

TREASURER AND TAX COLLECTOR

September 04, 2012

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

22 September 4, 2012

Sachi A. Hamai

SACHI A. HAMAI
EXECUTIVE OFFICER

Dear Supervisors:

**DEPARTMENT OF TREASURER AND TAX COLLECTOR
REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT
(ALL DISTRICTS AFFECTED)
(3 VOTES)**

SUBJECT

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 12426608 in amount of \$1,500.00
2. Account Number 12429553 in amount of \$16,714.63
3. Account Number 12610910 in amount of \$4,879.72
4. Account Number 12640083 in amount of \$4,614.00

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and the

County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Sustainability in pursuing collection of charges owed for County services.

Strategic Asset Management Principles Compliance

Not applicable.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

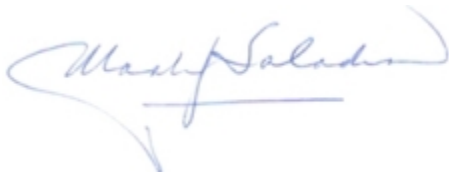
FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No impact.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Mark J. Saladino", with a horizontal line underneath the name.

MARK J. SALADINO

Treasurer and Tax Collector

MJS:FR:efh

Enclosures

c: Chief Executive Officer
Auditor-Controller
County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.119A

Amount of Aid	\$9,912.00	Account Number	12426608
Amount Paid	0.00	Name	Adult Male
Balance Due	9,912.00	Service Date	06/26/10 thru 10/25/10
Compromise Amount Offered	1,500.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$8,412.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$9,912.00. Medi-Cal covered two of the three day inpatient charges.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	0.00	00.00	0.00%
K.C. Salkinder, M.D.	1,305.00	650.00	4.33%
California Department of Health Services	3,678.00	2,758.50	18.39%
County of Los Angeles	9,912.00	1,500.00	10.00%
Net to Client	N/A	5,091.50	33.95%
Total	\$19,895.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and supports himself with unemployment compensation. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.119B

Amount of Aid	\$38,390.00	Account Number	12429553
Amount Paid	0.00	Name	Adult Female
Balance Due	38,390.00	Service Date	11/16/10 thru 02/14/11
Compromise Amount Offered	16,714.63	Facility	LAC USC Medical Center
Amount to be Written Off	\$21,675.37	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was injured on private property. She was treated at LAC USC Medical Center at a cost of \$38,390.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$65,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$26,000.00	\$26,000.00	40.00%
Attorney Cost	9,616.85	9,616.85	14.80%
Arcadia Methodist Hospital	2,465.18	2,465.18	3.79%
Pasadena P.T.	1,545.00	1,545.00	2.38%
County of Los Angeles	38,390.00	16,714.63	25.71%
Net to Client	N/A	8,658.34	13.32%
Total	\$78,017.03	\$65,000.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.119C

Amount of Aid	\$56,741.00	Account Number	12610910
Amount Paid	0.00	Name	Adult Male
Balance Due	56,741.00	Service Date	07/25/11 thru 11/23/11
Compromise Amount Offered	4,879.72	Facility	LAC USC Medical Center
Amount to be Written Off	\$51,861.28	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$56,741.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	300.00	300.00	2.00%
Los Angeles County Fire Department	1,067.00	1,067.00	7.11%
County of Los Angeles	56,741.00	4,879.72	32.54%
Net to Client	N/A	3,753.28	25.02%
Total	\$63,108.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his family. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.119D

Amount of Aid	\$76,435.00	Account Number	12640083
Amount Paid	0.00	Name	Adult Male
Balance Due	76,435.00	Service Date	11/09/11 thru 11/16/11
Compromise Amount Offered	4,614.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$71,821.00	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at Harbor UCLA Medical Center at a cost of \$76,435.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	0.00	0.00	0.00%
Medical Distributors	325.00	30.00	0.20%
St. Bernardine	250.00	25.00	0.17%
Spice Care Ortho	3,216.00	300.00	2.00%
WS P.T.	2,603.00	200.00	1.33%
County of Los Angeles	76,435.00	4,614.00	30.76%
Net to Client	N/A	4,831.00	32.21%
Total	\$87,829.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed, lives with his family, and receives food stamps. He has no other source of income or tangible assets.